

HISTORY FACILITY PROFILE

FAY CASE CARE CENTER
294 EAST MORRIS AVENUE
SALT LAKE CITY UT 84115
STATE'S REGION CODE: 001

PROVIDER #: 465146
PHONE NUMBER: (801) 466-2211
PARTICIPATION DATE: 05/06/1997 CERTIFIED: 68

FACILITY BEDS
TOTAL: 68
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/29/2001

TOTAL: 55
MEDICARE: 2
MEDICAID: 51
OTHER: 2

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 68

18 18/19 19 ICF/MR
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68

CURRENT SURVEY REVISIT DATES - 10/25/2001

| PRIOR 3 SURVEY 04/1998 | S/S CODE | PRIOR 2 SURVEY 03/1999 | S/S CODE | PRIOR 1 SURVEY 06/2000 | S/S CODE | CURRENT SURVEY 08/29/2001 | S/S CODE | PLAN/DATE OF CORRECT | PROGRAM REQUIREMENTS |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|---|
| X | F | X | D | | | | | | REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC |
| | | | | X | D | | | | REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE |
| | | X | E | | | X C | E | 09/29/2001 | REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT |
| | | X | D | | | | | | REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES |
| | | X | D | | | | | | REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS |
| X | H | | | | | | | | REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS |
| X | G | | | | | | | | REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING |
| X | H | X | E | | | | | | REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS |
| X | G | | | | | | | | REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES |
| | | X | E | | | | | | REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL |
| | | X | E | | | | | | REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS |
| | | X | E | | | | | | REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS |
| | | X | E | | | | | | REQ F0365-FOOD IS PREPARED TO MEET INDIVIDUAL NEEDS |
| X | E | | | | | | | | REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN |
| X | E | X | E | X | D | | | | REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS |
| X | E | | | | | | | | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| | | | | | | X C | E | 09/21/2001 | REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG |
| X | H | | | | | | | | REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY |
| | | | | | | | | | REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN |

EDITION OF LSC APPLIED

| 85 EXIST PRIOR 3 SURVEY 02/1998 | 85 EXIST PRIOR 2 SURVEY 01/1999 | 85 EXIST PRIOR 1 SURVEY 04/2000 | 85 EXIST CURRENT SURVEY 08/29/2001 | PLAN/DATE OF CORRECTION |
|--|--|--|---|----------------------------|
| | X | X | | |
| | | X | | |
| | | | X F | |
| | | | X C | 09/29/2001 |
| | X | X | X P | 09/29/2001 |
| X | X | | | |
| | | X | | |
| | | | X C | 09/29/2001 |
| | | X | X F | |
| | X | X | X C | 09/29/2001 |

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
K0025-SMOKE PARTITION CONSTRUCTION
K0027-DOORS IN SMOKE PARTITIONS
K0047-EXIT SIGNS
K0050-FIRE DRILLS
K0054-SMOKE DETECTOR MAINTENANCE
K0062-SPRINKLER SYSTEM MAINTENANCE
K0064-PORTABLE FIRE EXTINGUISHERS
K0072-FURNISHING AND DECORATIONS
K0104-PENETRATIONS OF SMOKE BARRIERS
K0130-OTHER

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| CONDITION | 0 | 0 | 0 | 0 |
| REQUIREMENT | 2 | 2 | 10 | 9 |
| HEALTH TOTAL | 2 | 2 | 10 | 9 |
| LIFE SAFETY CODE | 6 | 7 | 4 | 1 |
| LIFE SAFETY CODE + HEALTH | 8 | 9 | 14 | 10 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|-----------------|
| 08/30/1999 | UNSUBSTANTIATED |
| 11/09/1999 | UNSUBSTANTIATED |
| 04/13/2000 | SUBSTANTIATED |
| 08/16/2000 | SUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT